

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|------------------------|------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application | | Application Number | 10/570,151 |
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | Filing Date | March 1, 2006 |
| | | First Named Inventor | Hiroshi NAKATANI |
| | | Art Unit | 1756 |
| | | Examiner Name | Mark A. CHAPMAN |
| | | Attorney Docket Number | 071850 |

Please change the Correspondence Address for the above-identified patent application to:

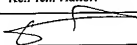
☒ CUSTOMER NUMBER 38834

| | | | | | |
|--------------------------|-------------------------|-------|--|-----|--|
| <input type="checkbox"/> | Firm or Individual Name | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | Fax | | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use :Request for Customer Number Data Change* (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ Attorney or Agent of record. Registration Number 32,861
- ☐ Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a). Registration Number _____

| | | | |
|--------------------|--|-----------|----------------|
| Type or Print Name | Ken-Ichi Hattori | | |
| Signature |  | Telephone | (202) 822-1100 |
| Date | July 27, 2007 | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.